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FACSIMILE COVER SHEET

TO: U.S. Patent & Trademark Office
Central Facsimile

FROM: Michael J. Guzniczak (Reg. No.: 59,820)

RE: U.S. Application No. 09/239,016
Attr: Examiner K. Poon
Group Art Unit 2625
Atty. Docket No. 03500.013284.

FAX NO.: (571) 273-8300

DATE: May 24, 2007 NO. OF PAGES: 15
(including cover page)

TIME: 4:41 PM SENT BY: [Signature]

MESSAGE

Transmitted herewith is an Amendment And Statement Of Substance Of Interview in response to the Office Action dated April 17, 2007.

I hereby certify that this correspondence is being facsimile transmitted to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 24, 2007
(Date of Transmission)

Michael J. Guzniczak (Reg. No. 59,820)
(Name of Attorney for Applicant)

[Signature]
Signature

May 24, 2007
Date of Signature

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In re Application of:

MASAMICHI ITO

Application No.: 09/239,016

Filed: January 29, 1999

Docket No. 03500.013284.

Examiner: K. Poon

Group Art Unit: 2625

Date: May 24, 2007

For: IMAGE RECORDING AND REPRODUCING DEVICE, METHOD AND MEMORY MEDIUM
 READABLE WITH COMPUTER

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment And Statement Of Substance Of Interview in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 20	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 3	MINUS	*** 4	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael J. Guzniczak
Attorney for Applicant
Registration No.: 59,820

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03500.013284.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MASAMICHI ITO

Application No.: 09/239,016

Filed: January 29, 1999

For: IMAGE RECORDING AND
REPRODUCING DEVICE,
METHOD AND MEMORY
MEDIUM READABLE WITH
COMPUTER

Examiner: K. Poon

Group Art Unit: 2625

May 24, 2007

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT
AND
STATEMENT OF SUBSTANCE OF INTERVIEW

Sir:

In response to the Office Action dated April 17, 2007, please amend the
above-identified application as follows:

I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

May 24, 2007

(Date of Transmission)

Michael J. Guzniczak (Reg. No. 59, 820)

(Name of Attorney for Applicant)



Signature

May 24, 2007

Date of Signature